

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through February 5, 2015.

Selected Entity Name: THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND
TREATMENT CENTER CORPORATION

Selected Entity Status Information

Current Entity Name: THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND
TREATMENT CENTER CORPORATION
DOS ID #: 1984641
Initial DOS Filing Date: DECEMBER 26, 1995
County: QUEENS
Jurisdiction: NEW YORK
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)
THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND TREATMENT CENTER
CORPORATION
8900 VAN WYCK EXPRESSWAY
JAMAICA, NEW YORK, 11418

Registered Agent

NONE

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of

incorporation, however this information is not recorded and only available by viewing the certificate.

*Stock Information

# of Shares	Type of Stock	\$ Value per Share
No Information Available		

*Stock information is applicable to domestic business corporations.

Name History

Filing Date	Name Type	Entity Name
DEC 26, 1995	Actual	THE JAMAICA HOSPITAL MEDICAL CENTER DIAGNOSTIC AND TREATMENT CENTER CORPORATION

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

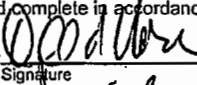

[Search Results](#) [New Search](#)

[Services/Programs](#) | [Privacy Policy](#) | [Accessibility Policy](#) | [Disclaimer](#) | [Return to DOS Homepage](#) | [Contact Us](#)

42-23-90

Form CHAR410	Registration Statement for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	Open to Public Inspection
For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)		

Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) The Jamaica Hospital Medical Center Diagnostic and Treatment Center Corporation		5. Fed. employer ID no. (EIN) 11-3340969	
2. c/o Name (if applicable)		6. Organization's website www.medisyshealth.org	
3. Mailing address (Number and street) 8900 Van Wyck Expressway	Room/suite 4S	7. Primary contact Manzar Sassani	
City or town, state or country and ZIP+4 Jamaica, NY 11418		Title Assistant Treasurer	
4. Principal NYS address (Number and street) 8900 Van Wyck Expressway	Room/suite 4S	Phone 718-206-6291	Fax 718-206-6299
City or town, state or country and ZIP+4 Jamaica, NY 11418		Email msassani@jhmc.org	

Part B - Certification - Two Signatures Required			
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.			
1. President or Authorized Officer/Trustee		David Rosen	President
	Signature	Printed Name	Title
2. Chief Financial Officer or Treasurer		Mounir Doss	Treasurer/CFO
	Signature	Printed Name	Title
			Date

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order, payable to "NYS Department of Law."

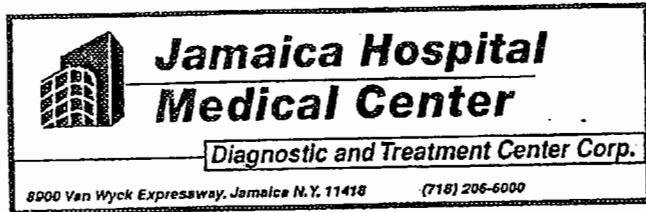
Part D - Attachments - All Documents Required
Attach <u>all</u> of the following documents to this Registration Statement, even if you are claiming an exemption from registration:
<ul style="list-style-type: none"> • Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • Bylaws or other organizational rules, and any amendments; and • IRS Form 1023 or 1024 Application for Recognition of Exemption (if applicable); and • IRS tax exemption determination letter (if applicable)

Part E - Request for Registration Exemption
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule E.

Part F - Organization Structure			
1. Incorporation / formation			
a. Type of organization: Corporation <input checked="" type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Unincorporated association <input type="checkbox"/> Other * <input type="checkbox"/> * If Other, describe:	b. Type of corporation if New York not-for-profit corporation A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> c. Date incorporated if a corporation or formed if other than a corporation <u>12/26/1995</u> d. State in which incorporated or formed New York		
2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)			
Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)	
None			
3. List all officers, directors, trustees and key employees			
Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
See Attachment #1			--/--/--
			--/--/--
			--/--/--
			--/--/--
			--/--/--
			--/--/--
			--/--/--
			--/--/--
			--/--/--
4. Other Names and Registration Numbers			
a. List all other names used by your organization, including any prior names MediSys Family Care Centers (a d/b/a)			
b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration None			

Part G - Organization Activities			
1. Month the annual accounting period ends (01-12) <div style="text-align: center;">12</div>	2. NTEE code <div style="text-align: center;">E32</div>		
3. Date organization began doing each of following in New York State:			
a. conducting activity	12 / 2 6 / 1 9 9 5		
b. maintaining assets	12 / 2 6 / 1 9 9 5		
c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) .. N/A ..			
4. Describe the purposes of your organization See Attachment #2			
5. Has your organization or any of your officers, directors, trustees or key employees been:			
a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe:			
b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe:			
6. Has your organization's registration or license been suspended by any government agency? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No			
* If "Yes", describe:			
7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No			
* If "Yes", describe the purposes for which contributions are or will be solicited:			
8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)			
Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
None	PFR <input type="checkbox"/>		Start date: ___/___/___
	FRC <input type="checkbox"/>		End date: ___/___/___
	CCV <input type="checkbox"/>		
	PFR <input type="checkbox"/>		Start date: ___/___/___
	FRC <input type="checkbox"/>		End date: ___/___/___
	CCV <input type="checkbox"/>		
	PFR <input type="checkbox"/>		Start date: ___/___/___
	FRC <input type="checkbox"/>		End date: ___/___/___
	CCV <input type="checkbox"/>		

Part H - Federal Tax Exempt Status	
1. If applicable, list the date your organization:	
a. applied for tax exempt status	___/___/___
b. was granted tax exempt status	12 / 3 0 / 1 9 9 6
c. was denied tax exempt status	___/___/___
d. had its tax exempt status revoked	___/___/___
2. Provide Internal Revenue Code provision: 501(c)(3)	



JAMAICA HOSPITAL MEDICAL CENTER
DIAGNOSTIC & TREATMENT CENTER CORP.
BOARD OF TRUSTEES

Geraldine M. Chapey, Ph.D.
Anthony DiMaria, M.D., Secretary
Geoffrey Doughlin, M.D., Third Vice Chairman
Hon. Timothy J. Dufficy
Hector Estepan, M.D.
Joseph Ferrara, Assistant Treasurer
Robert W. Koop, Second Vice Chairman & Treasurer
John Marus, First Vice Chairman
Antonietta Morisco, M.D.
Neil Foster Phillips, Chairman
William Doug Singer
Archie Spigner, Assistant Secretary

The Jamaica Hospital Medical Center Diagnostic and Treatment Center Corporation
EIN: 11-3340969

Attachment #2

The Jamaica Hospital Medical Center Diagnostic and Treatment Center Corporation (the "Registrant") was formed to operate a network of ambulatory care centers as part of the health care network for the use of staff and employees of The Jamaica Hospital Medical Center (the "Hospital"), a 384-bed voluntary, not-for-profit, acute care hospital in Jamaica, Queens. Founded in 1891, the Hospital has a long history of providing quality services to low-income residents of southern Queens and Brooklyn, New York. The New York State Department of Health has designated the Hospital as a "financially distressed hospital." This designation acknowledges the critical role the Hospital plays in providing health care services to low-income and uninsured members of its community, who often have no means to pay for such services. It maintains a 24-hour emergency room open to all persons without regard to their ability to pay. It currently employs more than 3,000 people and serves a population greater than 1.2 million, principally in Queens and eastern Brooklyn. More information about the Hospital can be obtained from its website, www.jamaicahospital.org

The Registrant's facilities provide general Pediatric, Medical, Family Practice and Obstetrical/Gynecological services. Other services that are available and vary from site to site are Nutrition, WIC, Mental Health, Social Services, Cardiology, Urology, Orthopedics, Neurology, Surgery, Dermatology, Podiatry, Gastroenterology, Geriatrics, Dental, Otolaryngology and Pulmonary Rehabilitation. Below is a listing of these facilities and some of the services they offer:

Astoria Facility

4-21 27th Avenue
Astoria, NY 11101

718-278-6885

Pediatrics, Ob/Gyn, Internal Medicine, Podiatry, X-ray, Counseling

East New York Facility

3080 Atlantic Avenue
Brooklyn, NY 11208

718-647-0240

Family Practice, Medicine, Pediatrics, Obstetrics/Gynecology, Dental, Ophthalmology, Podiatry, Radiology, Counseling

Hollis Facility

188-03 Jamaica Avenue
Hollis, NY 11423

718-740-2060

Pediatrics, Ob/Gyn, Internal Medicine, Podiatry, X-ray, Counseling

Hollis Tudors Facility

200-16 Hollis Avenue
Hollis, NY 11423

718-736-8204

Pediatrics, Ob/Gyn, Internal Medicine, Podiatry, X-ray, Counseling

Howard Beach Facility

157-02 Cross Bay Blvd
Howard Beach, NY 11414

718-323-3590

Pediatrics, Obstetrics/Gynecology

Jamaica Facility

90-16 Sutphin Blvd
Jamaica, NY 11435

718-523-5500

Pediatrics, Ob/Gyn, Internal Medicine, Podiatry, X-ray, Counseling

Ozone Park Facility

91-20 Atlantic Avenue
Ozone Park, NY 11421

718-641-8207

Pediatrics, Medicine, Family Practice, Ob/Gyn, Podiatry, Radiology, Counseling

Richmond Hill Facility

133-03 Jamaica Avenue
Richmond Hill, NY 11418

718-657-7093

Family Practice, Medicine, Pediatrics, Obstetrics/Gynecology, Dental, Radiology,
Counseling

St. Albans Facility

111-20 Merrick Blvd.
St. Albans, NY 11433

718-206-9888

Family Practice, Medicine, Pediatrics, Obstetrics/Gynecology, Dental, Ophthalmology,
Surgery, Urology, Podiatry, Counseling

Senior Health Center

91-20 Atlantic Avenue
Suite 1 ground floor
Ozone Park, NY 11421

718-529-6241

Geriatrics, Internal Medicine

Women's Health Center

133-03 Jamaica Avenue
Jamaica, NY 11418

718-291-3276

Obstetrics, Gynecology, Health and Breast Screenings, Mammography, Sonography,
Bone Densitometry